## BEST AVAILABLE COPY

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

AMAZON. OF4A

| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |   |                                  |   |                   |                                  |                  |                    | SMALL ENTITY TYPE   |                        |       | OTHER THAN OR SMALL ENTITY              |                        |
|--|---|----------------------------------|---|-------------------|----------------------------------|------------------|--------------------|---------------------|------------------------|-------|---|------------------------|
| TOTAL CLAIMS   |   |                                  | 37  |                   |                                  |                  |                    | RATE                | FEE                    |       | RATE                                    | FEE                    |
| FOR  |   |                                  | NUMBER FILED  |                   | NUMBER EXTRA                     |                  | Ī                  | BASIC FEE           | <b>`355.00</b>         | OR    | BASIC FEE                               | · 710.00               |
| TOTAL CHARGEABLE CLAIMS  |   |                                  | 37 minus 20=  |                   | • 1.2.                           |                  | ı                  | X\$ 9=              |                        | OR    | X\$18=                                  | 306                    |
| INDEPENDENT CLAIMS   |   |                                  | minus 3 =   |                   | 3                                |                  | Ì                  | X40=                |                        | OR    | X80=                                    | 740                    |
| MU   | LTIPLE DEPEN  | DENT CLAIM P                     | RESENT  |                   |                                  |                  | Ì                  | +135=               |                        | OR    | +270=                                   |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |   |                                  |   |                   |                                  |                  | L                  | TOTAL               |                        | OR    | TOTAL                                   | 1256                   |
| CLAIMS AS AMENDED - PART II  |   |                                  |   |                   |                                  |                  |                    |                     |                        |       | OTHER                                   | THAN                   |
|  |   | (Column 1)                       |   | (Colu             | mn 2)                            | (Column 3)       | _                  | SMALL               |                        | ÖR    | SMALL                                   |                        |
| AMENDMENT A  |   | CLAIMS REMAINING AFTER AMENDMENT |   | NUN<br>PREVI      | HEST<br>MBER<br>OUSLY<br>FOR     | PRESENT<br>EXTRA |                    | RATE                | ADDI-<br>TIONAL<br>FEE |       | RATE                                    | ADD!-<br>TIONAL<br>FEE |
|  | Total   | •                                | Minus   | **                |                                  | =                |                    | X\$ 9=              |                        | OR    | X\$18=                                  |                        |
|  | Independent   | •                                | Minus   | ***               | <del> </del>                     | =                |                    | X40=                |                        | OR    | X80=                                    |                        |
|  | FIRST PRESE   | ULTIPLE DEF                      | DEPENDENT CLAIF   |                   |                                  |                  | +135=              |                     | OR                     | +270= |   |                        |
| ٠,   |   |                                  |   |                   |                                  |                  |                    | TOTAL<br>ADDIT. FEE |                        | OR    | TOTAL                                   |                        |
| 1  |   | (Column 1)                       |   | (Coli             | ımn 2)                           | (Column 3)       | 4                  | ADDIT. FEE          |                        |       | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                        |
| NT B   |   | CLAIMS REMAINING AFTER AMENDMENT |   | HIG<br>NU<br>PREV | HEST<br>MBER<br>VIOUSLY<br>D FOR | PRESENT<br>EXTRA |                    | RATE                | ADDI-<br>TIONAL<br>FEE |       | RATE                                    | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT  | Total   | *                                | Minus   | **                |                                  | =                |                    | X\$ 9=              |                        | OR    | X\$18=                                  |                        |
| MEN  | Independent   |                                  | Minus   | ***               |                                  | =                |                    | X40=                |                        | OR    | X80=                                    |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPE   |                                  |   |                   | IT CLAIM                         |                  | ֭֭֭֭֭֡֡֡֡֡֡֡֡֡֡֡֡֡ | +135=               |                        | OR    | +270=                                   |                        |
|  |   |                                  |   |                   | •                                |                  |                    | TOTAL<br>ADDIT. FEE |                        | OR    | TOTAL                                   |                        |
|  | (Column 1) (Column 2) (Column 3   |                                  |   |                   |                                  |                  |                    |                     |                        |       | AUUII. FEI                              |                        |
| NTC  | No.   | CLAIMS REMAINING AFTER AMENDMENT | E esperim (FS) (FT) (FS)  Distribution (FS) (FT) (FS)  Distribution (FS) (FS) (FS) (FS) (FS) (FS) | HIC<br>NU<br>PRE  | HEST<br>MBER<br>VIOUSLY<br>D FOR | PRESENT<br>EXTRA |                    | RATE                | ADDI-<br>TIONAL<br>FEE |       | RATE                                    | ADDI-<br>TIONAL<br>FEE |
| OM   | Total   | *                                | Minus   | **                |                                  | =                |                    | X\$ 9=              |                        | OR    | X\$18=                                  |                        |
| AMENDMENT  | Independent   | •                                | Minus   | ***               |                                  | =                | 4                  | X40=                |                        | OR    | X80=                                    |                        |
|  | FIRST PRES  | ENTATION OF I                    | MULTIPLE DE   | PENDE             | NT CLAIN                         | 1 1              | ٤                  | +135=               |                        | OR    |   |                        |
|  | • If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |                                  |   |                   |                                  |                  |                    |                     |                        | 4     | TOTA                                    | L                      |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number tound in the appropriate box in column 1. |   |                                  |   |                   |                                  |                  |                    |                     |                        |       |   | E <b>L</b>             |